

NC HEALTH CHOICE FAMILY INCOME LEVELS, 04/01/09

# In Needs Unit:	1	2	3	4
>100 - 200% Age 6 and over	903.01 – 1,805	1,215.01 – 2,429	1,526.01 – 3,052	1,838.01 – 3,675
200 – 225% Optional Extended	1,805.01 – 2,031	2,429.01 – 2,732	3,052.01 – 3,434	3,675.01 – 4,135

# In Needs Unit:	5	6	7	8
100 - 200% Age 6 and over	2,150.01 – 4,299	2,461.01 – 4,922	2,773.01 – 5,545	3,085.01 – 6,169
200 – 225% Optional Extended	4,299.01 – 4,836	4,922.01 – 5,537	5,545.01 – 6,239	6,169.01 – 6,940

# In Needs Unit:	9	10	11	12
100 – 200% Age 6 and over	3,397.01 – 6,793	3,709.01 – 7,417	4,021.01 – 8,041	4,333.01 – 8,665
200 – 225% Optional Extended	6,793.01 – 7,642	7,417.01 – 8,344	8,041.01 – 9,046	8,665.01 – 9,748

Each Additional

Add \$624 to Family Income Level (200% of poverty). **In addition:**

Add \$312 to the Minimum Income Level at 100% (Age 6 and over).

Add \$702 to Family Income Level (225% of poverty) for Optional Extended Coverage.

NCHC Enrollment Fee & Cost Sharing - Over 150% of Poverty
The family must pay an enrollment fee if countable income equals or exceeds the following amounts for the number in the needs unit.

Family Size	Monthly Income	Family Size	Monthly Income
1	1,354.01	7	4,159.01
2	1,822.01	8	4,627.01
3	2,289.01	9	5,095.01
4	2,757.01	10	5,563.01
5	3,224.01	11	6,031.01
6	3,692.01	12	6,499.01
Each Additional		\$468	

MA-3255 Figure 1